

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212534877</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>Select Sire Power, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CLYDE H PERDUE JR 245 SOUTH MAIN ST ROCKY MOUNT, VA 24151</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FRANKLIN COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>9/30/2012</b></p> <p>SCC ID NO: <b>00618124</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: PO BOX 370 2623 CAROLINA SPRINGS ROAD</p> <p style="text-align: center;">CITY/ST/ZIP: ROCKY MOUNT, VA 24151</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: H. LEIGH LANE  TITLE: PRESIDENT  ADDRESS: 1791 COUNTY HOME ROAD  CITY/ST/ZIP/CO: BLANCH, NC 27212 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: H. LEIGH LANE TITLE: PRESIDENT ADDRESS: 1791 COUNTY HOME ROAD CITY/ST/ZIP/CO: BLANCH, NC 27212	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYNN EBERLY DIRECTOR 2071 MT. PLEASANT ROAD FAYETTEVILLE, PA 17222	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VAN FLORA DIRECTOR 388 BUZZARD ROCK LANE ROCKY MOUNT, VA 24151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL GINGUE DIRECTOR 1800 HIGGINS HILL ROAD WATERFORD, VT 05819	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA NEDROW DIRECTOR 2819 COUNTY RD 4 CLIFTON SPRINGS, NY 14432	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SPICHER DIRECTOR 320 MAPLE GROVE ROAD BELLEVILLE, PA 17004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DUANE WILCOX DIRECTOR 5106 SOUTHSIDE ROAD CANTON, PA 17724	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK CARPENTER ASST SECRETARY RR1 BOX 1031 FACTORYVILLE, PA 18419	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERESA SHUEY DIRECTOR 2003 MT ZION RD LEBABON, PA 17046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARK CARPENTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK CARPENTER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	9/11/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			